

U.S. Department of Justice
United States Marshals Service

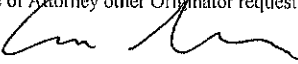
PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

| | | | |
|--|--|---|---|
| PLAINTIFF Jermayne Williams | | COURT CASE NUMBER | |
| DEFENDANT Allen County Sheriff, et al. | | TYPE OF PROCESS Civil | |
| SERVE AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN | | |
| | Officer Vance Pruden, c/o Allen County Jail | | |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) | | |
| | 417 S. Calhoun Street, Fort Wayne, IN 46802 | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | | Number of process to be served with this Form 285 | 9 |
| Christopher C. Myers & Associates 809 S. Calhoun St., Suite 400 Fort Wayne, IN 46802 | | Number of parties to be served in this case | 9 |
| | | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

| | | | |
|--|---|----------------------------------|----------------|
| Signature of Attorney other Originator requesting service on behalf of:  | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 260-424-0600 | DATE 2/8/21 |
|--|---|----------------------------------|----------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|------------------------|---------------------------------|--------------------------------|---|---------------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process _____ | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk _____ | Date _____ |
|---|------------------------|---------------------------------|--------------------------------|---|---------------|

I hereby certify and return that ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

| | |
|--|--|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode |
| Address (complete only different than shown above) | Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm |
| | Signature of U.S. Marshal or Deputy _____ |

| | | | | | |
|-------------|---|----------------|---------------|------------------|---|
| Service Fee | Total Mileage Charges including endeavors | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) |
| | | | | | \$0.00 |

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

| | |
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| PLAINTIFF Jernayne Williams | COURT CASE NUMBER |
| DEFENDANT Allen County Sheriff, et al. | TYPE OF PROCESS Civil |

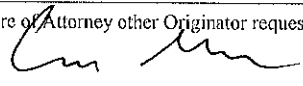
SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Officer Scott Sanderson, c/o Allen County Jail
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
417 S. Calhoun Street, Fort Wayne, IN 46802

| | | |
|--|---|---|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Christopher C. Myers & Associates 809 S. Calhoun St., Suite 400 Fort Wayne, IN 46802 | Number of process to be served with this Form 285 | 9 |
| | Number of parties to be served in this case | 9 |
| | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

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|---|---|----------------------------------|----------------|
| Signature of Attorney other Originator requesting service on behalf of:  | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 260-424-0600 | DATE 2/8/21 |
|---|---|----------------------------------|----------------|

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| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin | District to Serve | Signature of Authorized USMS Deputy or Clerk | Date |
| | | No. _____ | No. _____ | | |

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| | |
|--|--|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode |
| Address (complete only different than shown above) | Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm |
| | Signature of U.S. Marshal or Deputy |

| | | | | | |
|-------------|---|----------------|---------------|------------------|---|
| Service Fee | Total Mileage Charges including endeavors | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) |
| | | | | | \$0.00 |

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3. NOTICE OF SERVICE
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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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| PLAINTIFF Jermayne Williams | COURT CASE NUMBER |
| DEFENDANT Allen County Sheriff, et al. | TYPE OF PROCESS Civil |

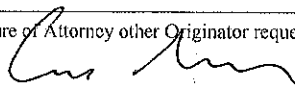
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Officer Aaron Wymer, c/o Allen County Jail
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
417 S. Calhoun Street, Fort Wayne, IN 46802

| | | |
|--|---|---|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Christopher C. Myers & Associates 809 S. Calhoun St., Suite 400 Fort Wayne, IN 46802 | Number of process to be served with this Form 285 | 9 |
| | Number of parties to be served in this case | 9 |
| | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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| Signature of Attorney other Originator requesting service on behalf of:  | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 260-424-0600 | DATE 2/8/21 |
|---|---|----------------------------------|----------------|

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|---|---------------|--------------------|-------------------|--|------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin | District to Serve | Signature of Authorized USMS Deputy or Clerk | Date |
| | | No. _____ | No. _____ | | |

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| | |
|--|--|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode |
| Address (complete only different than shown above) | Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm |
| | Signature of U.S. Marshal or Deputy |

| | | | | | |
|-------------|--|----------------|---------------|------------------|---|
| Service Fee | Total Mileage Charges including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) |
| | | | | | \$0.00 |

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

| | |
|---|--------------------------|
| PLAINTIFF Jermayne Williams | COURT CASE NUMBER |
| DEFENDANT Allen County Sheriff, et al. | TYPE OF PROCESS Civil |

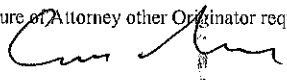
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Officer Chad Reeves, c/o Allen County Jail
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
417 S. Calhoun Street, Fort Wayne, IN 46802

| | | |
|--|---|---|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Christopher C. Myers & Associates 809 S. Calhoun St., Suite 400 Fort Wayne, IN 46802 | Number of process to be served with this Form 285 | 9 |
| | Number of parties to be served in this case | 9 |
| | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

| | | | |
|---|---|----------------------------------|----------------|
| Signature of Attorney or other Originator requesting service on behalf of:  | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 260-424-0600 | DATE 2/8/21 |
|---|---|----------------------------------|----------------|

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| | | | | | |
|---|---------------|--------------------|-------------------|--|------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin | District to Serve | Signature of Authorized USMS Deputy or Clerk | Date |
| | | No. _____ | No. _____ | | |

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

| | |
|--|--|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode |
| Address (complete only different than shown above) | Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm |
| | Signature of U.S. Marshal or Deputy |

| | | | | | |
|-------------|--|----------------|---------------|------------------|---|
| Service Fee | Total Mileage Charges including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) |
| | | | | | \$0.00 |

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN See "Instructions for Service of Process by U.S. Marshal"

| | |
|---|--------------------------|
| PLAINTIFF Jermayne Williams | COURT CASE NUMBER |
| DEFENDANT Allen County Sheriff, et al. | TYPE OF PROCESS Civil |

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Officer Kevin Dalman, c/o Allen County Jail

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

417 S. Calhoun Street, Fort Wayne, IN 46802

| | | |
|--|---|---|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | Number of process to be served with this Form 285 | 9 |
| | Number of parties to be served in this case | 9 |
| | Check for service on U.S.A. | |

Christopher C. Myers & Associates
809 S. Calhoun St., Suite 400
Fort Wayne, IN 46802

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

| | | | |
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| Signature of Attorney or other Originator requesting service on behalf of: | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 260-424-0600 | DATE 2/8/21 |
|--|---|----------------------------------|----------------|

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|---|---------------|--------------------|-------------------|--|------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin | District to Serve | Signature of Authorized USMS Deputy or Clerk | Date |
| | No. _____ | No. _____ | No. _____ | | |

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| | |
|--|--|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode |
| Address (complete only different than shown above) | Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm |
| | Signature of U.S. Marshal or Deputy |

| | | | | | |
|-------------|---|----------------|---------------|------------------|---|
| Service Fee | Total Mileage Charges including endeavors | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) |
| | | | | | \$0.00 |

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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

| | |
|---|--------------------------|
| PLAINTIFF Jermayne Williams | COURT CASE NUMBER |
| DEFENDANT Allen County Sheriff, et al. | TYPE OF PROCESS Civil |

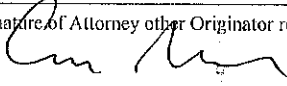
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Officer Kyle Poor, c/o Allen County Jail
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
417 S. Calhoun Street, Fort Wayne, IN 46802

| | | |
|--|---|---|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Christopher C. Myers & Associates 809 S. Calhoun St., Suite 400 Fort Wayne, IN 46802 | Number of process to be served with this Form 285 | 9 |
| | Number of parties to be served in this case | 9 |
| | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

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| Signature of Attorney or Originator requesting service on behalf of:  | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 260-424-0600 | DATE 2/8/21 |
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| | |
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| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode |
| Address (complete only different than shown above) | Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm |
| | Signature of U.S. Marshal or Deputy |

| | | | | | |
|-------------|---|----------------|---------------|------------------|---|
| Service Fee | Total Mileage Charges including endeavors | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) |
| | | | | | \$0.00 |

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5. ACKNOWLEDGMENT OF RECEIPT

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U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

| | |
|---|--------------------------|
| PLAINTIFF Jermayne Williams | COURT CASE NUMBER |
| DEFENDANT Allen County Sheriff, et al. | TYPE OF PROCESS Civil |

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Officer Gary Apps, c/o Allen County Jail

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

417 S. Calhoun Street, Fort Wayne, IN 46802

| | | |
|--|---|---|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | Number of process to be served with this Form 285 | 9 |
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Christopher C. Myers & Associates
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Fort Wayne, IN 46802

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| Signature of U.S. Marshal or Deputy | |

| | | | | | |
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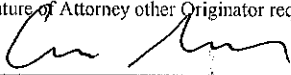
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| PLAINTIFF Jermayne Williams | COURT CASE NUMBER |
| DEFENDANT Allen County Sheriff, et al. | TYPE OF PROCESS Civil |
| SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Officer Michael Stump, c/o Allen County Jail ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 417 S. Calhoun Street, Fort Wayne, IN 46802 | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | Number of process to be served with this Form 285 9 Number of parties to be served in this case 9 Check for service on U.S.A. |
| Christopher C. Myers & Associates 809 S. Calhoun St., Suite 400 Fort Wayne, IN 46802 | |

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| Signature of Attorney other Originator requesting service on behalf of:  | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 260-424-0600 | DATE 2/8/21 |
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| | | | | | |
|-------------|---|----------------|---------------|------------------|---|
| Service Fee | Total Mileage Charges including endeavors | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) |
| | | | | | \$0.00 |

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U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

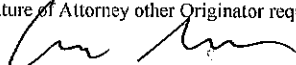
See "Instructions for Service of Process by U.S. Marshal"

| | | | |
|--|---|---|---|
| PLAINTIFF Jermayne Williams | | COURT CASE NUMBER | |
| DEFENDANT Allen County Sheriff, et al. | | TYPE OF PROCESS Civil | |
| SERVE AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN | | |
| | Allen County Sheriff ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 715 S. Calhoun Street, Room 101, Fort Wayne, IN 46802 | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | | Number of process to be served with this Form 285 | 9 |
| Christopher C. Myers & Associates 809 S. Calhoun St., Suite 400 Fort Wayne, IN 46802 | | Number of parties to be served in this case | 9 |
| | | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

| | | | |
|--|---|----------------------------------|----------------|
| Signature of Attorney other Originator requesting service on behalf of:  | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 260-424-0600 | DATE 2/8/21 |
|--|---|----------------------------------|----------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|---|--------------------|-------------------|--|--|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin | District to Serve | Signature of Authorized USMS Deputy or Clerk | Date |
| | No. _____ | No. _____ | No. _____ | | |
| I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. | | | | | |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) | | | | | |
| Name and title of individual served (if not shown above) | | | | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode | |
| Address (complete only different than shown above) | | | | Date | Time <input type="checkbox"/> am <input type="checkbox"/> pm |
| | | | | Signature of U.S. Marshal or Deputy | |
| Service Fee | Total Mileage Charges including endeavors | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) |
| | | | | | \$0.00 |

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED